

Mississippi

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Mississippi

As of July 2003, 777,625 people were covered under Mississippi's Medicaid/SCHIP programs. There were 720,304 enrolled in the Medicaid program, and 57,321 in the separate SCHIP program. In state fiscal year 2002, Mississippi spent \$2.8 billion to provide Medicaid services and \$83.8 million to provide SCHIP coverage.

In Mississippi, low-income children may be enrolled into the Medicaid program or a Separate SCHIP program based on the child's age and their family's income.

- The Medicaid program serves infants in families with incomes of no more than 185% FPL, children from ages 1 through 5 in families with incomes of no more than 133% FPL, and children aged 6-18 in families with incomes of no more than 100% FPL.
- The Separate SCHIP program serves all uninsured children from families with incomes of 200% FPL or less who do not qualify for Medicaid.

Mississippi does not operate a managed care program. All Medicaid beneficiaries receive all mental health and substance abuse services through the fee-for-service system. SCHIP children are enrolled in a fully insured insurance plan that includes coverage for mental health and substance abuse services.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families receiving TANF payments or who would have qualified for AFDC payments under the rules in effect on July 16, 1996.
2. Pregnant women and infants in families with incomes of 185% FPL or less.
3. Children from ages 1 through 5 in families with incomes up to 133% FPL,
4. Children aged 6 through 18 in families with incomes up to 100% FPL.
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act and those who were in foster care at the age of 18 until their 21st birthday..

Aged, Blind, and Disabled

1. All aged and disabled individuals receiving SSI.
2. Aged individuals who have incomes of no more than 100%FPL and resources of no more than \$4,000/individual; \$6,000 per couple.
3. All working individuals between the ages of 16 and 64 who meet the SSI definition of disability and have an income of 250% FPL or less. Those with incomes of 150% FPL or more must pay a premium that varies by income in order to participate in the Medicaid program.
4. Aged, Blind and Disabled individuals who have been in institutions for at least 30 consecutive days and who have incomes of no more than 300% of the maximum SSI benefit.
5. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if they were in an institution.

Medically Needy

1. Mississippi does not have a medically needy program.

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Waiver Populations

Mississippi has an 1115 waiver that expands Medicaid coverage for some women, but the benefit package for this group is limited to family planning services.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Alabama Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Mississippi must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Hospital	Evaluation and treatment services provided in an acute care general hospital.	<ul style="list-style-type: none">Beneficiaries may not receive more than 30 days of inpatient care per fiscal year, except<ul style="list-style-type: none">Beneficiaries under age of 21 may receive more days with prior approval from the Medicaid agency's designated agent.infants under the age 1 receiving services in disproportionate-share hospitals will be allowed unlimited days.Beneficiaries must receive prior approval or concurrent review on all hospital admissions.Only short-term psychiatric treatment is covered in general hospitals.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Psychiatric Care	Medically necessary mental health services that would be covered if provided in another setting may be provided by an outpatient hospital clinic, except day treatment services.	<ul style="list-style-type: none">Mental health services provided in an outpatient hospital must meet the same requirements as those provided in another settingBeneficiaries may receive up to 6 outpatient or RHC visits per fiscal year. These also count toward the 12 visit/year physician office visit limit.
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	FQHCs and RHCs may provide the same mental health services as any other provider as long as the personnel providing the service meet the same qualifications as other providers.	<ul style="list-style-type: none">Services must be physician or psychologist directedBeneficiaries may receive up to 6 outpatient or RHC visits per fiscal year. These also count toward the 12 visit/year physician office visit limit.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide psychotherapy services as described under "Rehabilitative Services".	<ul style="list-style-type: none">Beneficiaries may receive up to 12 visits in a physician's office, outpatient department of a hospital, or in a RHC per fiscal year.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements

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Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	In addition to services otherwise covered under the state plan,	<ul style="list-style-type: none"> Beneficiary must be under age 21. Service must be needed to ameliorate or treat a condition identified in an EPSDT screen Service must be prior authorized by the Medicaid agency. Services beyond standard Medicaid coverage must be prior authorized by the Medicaid agency's EPSDT Medical Review Team
Extended Outpatient Psychiatric and Mental Health Care	Outpatient and psychiatric services in amounts beyond that normally allowed.	<ul style="list-style-type: none"> Beneficiary must be under age 21. Service must be needed to ameliorate or treat a condition identified in an EPSDT screen Psychiatric and mental health services beyond the standard Medicaid limit must be <ul style="list-style-type: none"> provided by a licensed psychologist or licensed certified social worker, and prior approved on an EPSDT Plan of Care.

Optional State Plan Services

Inpatient Psychiatric Services (for persons under the age of 21)		
Service	Description	Coverage Requirements
Inpatient Psychiatric Services	<ul style="list-style-type: none"> Evaluation and treatment services provided the psychiatric ward of a general hospital or a psychiatric hospital under the direction of a physician who is board eligible in psychiatry in 	<ul style="list-style-type: none"> Beneficiaries must be no more than age 21 on date of admission and services will not be covered after age 22. Beneficiaries may receive no more than 45 days of inpatient psychiatric hospital services without prior approval. All non-emergency admissions must be prior authorized by the Medicaid agency or its designated agent. Beneficiary must be diagnosed as mentally ill

Rehabilitative Services		
Service	Description	Coverage Requirements
Mental Health Services	<ul style="list-style-type: none"> Preventive and rehabilitative services, including: <ul style="list-style-type: none"> medication checks, individual therapy, family therapy, group therapy, psychosocial rehabilitation treatments, Day treatment for children Crisis intervention for life-threatening mental illness and nursing services No substance abuse services, including LAAM or other opiate treatment are covered 	<ul style="list-style-type: none"> Services must be medically necessary. Beneficiaries must be diagnosed with a chronic mental illness or developmental disability To receive day treatment a beneficiary must be under age 21 and diagnosed and seriously emotionally disturbed. No child may receive more than 25 hours/week of day treatment. Crisis intervention may only be received with the authorization of the local Mental Health Authority.

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	Coordination of services integral to gaining access to needed medical, social, and educational services, including	<ul style="list-style-type: none"> Beneficiaries must be chronically mentally ill. Beneficiaries may receive services provided by a qualified provider.

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	<ul style="list-style-type: none">• client identification,• assessment and reassessments,• service planning,• linkage to needed services,• monitoring service delivery,• supportive counseling and outreach.	
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SCHIP Medicaid Expansion Program

Mississippi does not have an SCHIP Medicaid Expansion program.

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The Separate SCHIP program serves

- Uninsured infants in families with incomes of 185-200% FPL,
- Uninsured children ages 1 through 5 in families with incomes of 133-200% FPL
- Uninsured children ages 6 through 18 in families with incomes of 100-200% FPL.

What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?

Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. The Mississippi benefit package is equivalent to the High Option Coverage for Children of the State and School Employees' Health Insurance Plan with the addition of dental and vision coverage and is administered by the Health Insurance Management Board of this benefit program. Coverage specifics for mental health and substance abuse services that would meet that benchmark are identified here.

Mental Health		
Service	Description	Coverage Requirements
Inpatient	<ul style="list-style-type: none">• Medically necessary services provided in an inpatient setting	<ul style="list-style-type: none">• All in-patient hospital admissions for mental health services must be certified as medically necessary by the SCHIP health plan.• SCHIP enrollees may receive up to 30 days per calendar year of Inpatient mental health services.• Not covered when the primary diagnosis is substance abuse (covered under substance• abuse),• SCHIP enrollees may not receive mental health

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		inpatient stays for a primary diagnosis of alcohol abuse, drug abuse, or a combination of alcohol and drug abuse; these stays are covered under substance abuse benefits.
Intensive outpatient hospital	Mental health day treatment and partial hospitalization programs	<ul style="list-style-type: none"> SCHIP enrollees may receive up to 60 days per calendar year of medically necessary mental health day treatment and partial hospitalization programs SCHIP enrollees may not receive mental health intensive outpatient hospital services for a primary diagnosis of alcohol abuse, drug abuse, or a combination of alcohol and drug abuse; these services are covered under substance abuse benefits.
Outpatient treatment	<ul style="list-style-type: none"> Mental health diagnosis and treatment services provided on an outpatient basis, including <ul style="list-style-type: none"> Evaluation and assessment Individual and group therapy The following counseling services are not covered: sex therapy and marriage or family counseling 	<ul style="list-style-type: none"> SCHIP enrollees may receive up to 52 outpatient treatment visits per calendar year. All services must be provided by an appropriately licensed psychiatrist, psychologist, clinical social worker, or professional counselor. SCHIP enrollees may not receive mental health outpatient treatment for a primary diagnosis of alcohol abuse, drug abuse, or a combination of alcohol and drug abuse; these services are covered under substance abuse benefits.

Substance Abuse		
Service	Description	Coverage Requirements
Inpatient	<ul style="list-style-type: none"> Benefits for covered medical expenses are provided for medically necessary inpatient stabilization and residential substance abuse treatment. 	<ul style="list-style-type: none"> All in-patient hospital or residential treatment center admissions for substance abuse treatment must be certified as medically necessary by the SCHIP health plan. An SCHIP enrollee may receive up to \$8,000 in combined inpatient and outpatient substance abuse treatment services each calendar year up to a lifetime maximum of \$16,000.
Intensive outpatient hospital	Substance abuse stabilization and treatment services, such as day treatment and partial hospitalization	<ul style="list-style-type: none"> An SCHIP enrollee may receive up to \$8,000 in combined inpatient and outpatient substance abuse treatment services each calendar year up to a lifetime maximum of \$16,000. Services must be provided by a hospital or an approved and licensed alcohol abuse or chemical dependency treatment facility.
Outpatient treatment	Substance abuse diagnosis and treatment services provided on an outpatient basis, including <ul style="list-style-type: none"> Evaluation and assessment Individual and group therapy 	<ul style="list-style-type: none"> An SCHIP enrollee may receive up to \$8,000 in combined inpatient and outpatient substance abuse treatment services each calendar year up to a lifetime maximum of \$16,000.